IESUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE				
Secretary							
FEE DETERMINATION							
O.I.P.E. CLASSIFIER	40.	21	5/17/0				
FORMALITY REVIEW							
RESPONSE FORMALITY REVIEW	201	574	1/2/01				
	, TK	835	09/26/01				

INDEX OF CLAIMS

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